



U.S. Department of State  
Bureau of Human Resources/Office of Retirement

## REQUEST FOR ANNUAL LEAVE LUMP SUM COLA

Full Name Of Annuitant <i>(Last, First, Middle)</i>	
Birth Date <i>(mm-dd-yyyy)</i>	Social Security Number <i>(123-45-6789)</i>
I am the <i>(Please Check One)</i> :  <input type="checkbox"/> Foreign Service Annuitant <input type="checkbox"/> Other <i>(Explain)</i> _____ <input type="checkbox"/> Survivor Annuitant	
Annuitant's Address <i>(Apartment Number, Street)</i>	
Address <i>(City, State, ZIP Code)</i>	
Telephone Number	FAX Number
Effective Date of Retirement <i>(mm-dd-yyyy)</i>	
IF ANYONE OTHER THAN THE ANNUITANT IS PROVIDING THIS INFORMATION, PLEASE PROVIDE FULL NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER <i>(Last, First, Middle)</i>	
Birth Date <i>(mm-dd-yyyy)</i>	Social Security Number <i>(123-45-6789)</i>
Amount of Lump Sum Payment Received	Date <i>(mm-dd-yyyy)</i>
Total Number of Annual Leave Hours Paid for in Lump Sum	Number of Leave Hours Extended into New Calendar Year
Please electronically Transfer the Annual Leave Lump Sum COLA into the Following Account <i>(Please Check One)</i> :  <input type="checkbox"/> The Account on Record for Annuitant Payments <input type="checkbox"/> A Different Account. I have attached a completed SF-1199A	
Signature of Applicant	Date <i>(mm-dd-yyyy)</i>
<b>PLEASE SUBMIT FORM TO</b> U.S. Department of State Charleston Financial Service Center) Domestic Payroll Operations 1969 Dyes Avenue Charleston, South Carolina 29415-5008  Telephone (843) 308-5626 FAX (843) 308-5425 Toll Free 1 800 521-2553	